

# U.S. Dept. of Health & Human Services HRSA Healthcare Workforce Planning Grant

presented to

## Health Care Reform Coordinating Council Meeting

July 11, 2011

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GOVERNOR'S WORKFORCE INVESTMENT BOARD



# HRSA Healthcare Workforce Planning Grant

- Awarded to GWIB for \$150,000
- Grant period is 10-1-10 to 9-30-11
- Develop a plan to increase primary care provider workforce in Maryland by 10% to 25% over ten years

# Governor's Health Care Reform Coordinating Council's Workforce Recommendations

- #5 – Encourage active participation of safety net providers in health reform and new insurance options
- #8 – Institute comprehensive workforce development planning
- #9 – Promote and support education and training to expand healthcare workforce pipeline

# Recommendations continued

- #10 – Explore improvements in professional licensing and administrative policies
- #11 – Explore changes in Maryland's healthcare workforce liability policies
- #13 – Promote improved access to primary care



# Regional Listening Tours

- Baltimore Area – Anne Arundel Community College, Glen Burnie Campus
- Washington, DC Area – Adventist Health System
- Eastern Shore – Eastern Shore Area Health Education Center
- Southern Maryland – Southern Maryland Hospital Center
- Western Maryland – Western Maryland Area Health Education System

# Questions Asked

- What are the most critical challenges?
- How are you addressing these challenges?
- What steps should Maryland take to ensure sufficient capacity?
- What are your current initiatives to recruit and retain workers?
- How can Maryland plan for future needs?

# More Questions

- How do you respond to worker shortages?
- Where do you find your best talent?
- To what extent should Maryland use a broad range of tools to increase capacity and assure an adequate workforce?

# Participants

- University of Maryland Schools of Medicine, Nursing and Pharmacy
- Maryland Hospital Association
- Nurse Practitioners Association of Md.
- Md. Academy of Physician Assistants
- Local Health Departments
- Local Hospitals
- Private practice physicians, nurse practitioners & physician assts.
- Federally Qualified Health Centers (FQHCs)
- Insurers
- Behavioral Health Centers
- Outpatient clinics
- Private non-profits
- Area Health Education Centers (AHECs)



# Universal Issues

- Reimbursement
- Distribution of Primary Care Providers
- Need for accurate data collection
- Educational capacity and pre-practice training opportunities
- Lack of incentives for students to enter primary care specialty
- Practice environment
- Challenges for special populations

# Regional Issues

- Baltimore – due to many Statewide institutions, most remarks concerned the entire State
- Washington area – despite being an urban area, recruitment of providers is difficult; many residents do not have health care
- Eastern Shore – lack of training opportunities for “grow your own”; transportation to providers (often over the bridge) is a barrier

# Regional Issues

- Southern Maryland – reimbursement at the “rural rate” combined with increasing cost of living due to “suburban creep” makes recruiting difficult
- Western Maryland – the poorest area of Maryland; hospitals must pay more than Baltimore hospitals in order to attract providers; advertised for Nurse Practitioner, received no responses



# Bright Spots

- Throughout the State, we met caring individuals who were working hard to increase primary care access for their residents. We witnessed the cooperation among healthcare institutions and providers, banding together in order to make the best use of scarce resources.



# Key Informant Interviews

- In order to capture information that enables us to collect needed data, we have been interviewing selected individuals throughout the healthcare arena, e.g., Secretary Sharfstein (DHMH), and HSCRC Deputy Director, Steve Ports
- This gives us better knowledge of existing data, and what gaps need to be filled.

# Areas of Concentration

- Develop capability to collect and analyze primary care health care workforce data such as core data for licensure, and tracking students into practice
- Establish a “home” for this data
- Reimbursement for primary care providers

# Areas of Concentration

- Educational capacity and pre-practice opportunities
- Distribution of providers – reduce and eliminate service shortage areas
- Scope of practice

# Our Next Steps

- Completing key informant interviews
- Identifying data gaps in assessing provider supply
- Developing plan with the feedback of Steering Committee and Statewide stakeholders



# Implementation

- HRSA recently informed us that there is very little possibility of any funding for an Implementation Grant
- We anticipate that our completed plan will be used by this Council as a blueprint for action on workforce issues

# Governor's Workforce Investment Board

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